

## OFFICE USE ONLY

Permit & Insignia  
of Approval Number \_\_\_\_\_

Issued By \_\_\_\_\_

STATE OF ARIZONA  
OFFICE OF MANUFACTURED HOUSING1110 West Washington Suite 100  
Phoenix, AZ 85007-2935MOBILE HOME  
REHABILITATION PERMIT AND  
INSIGNIA OF APPROVAL

## OFFICE USE ONLY

Date Issued \_\_\_\_\_

Total Fees Paid \_\_\_\_\_

Fees are Nonrefundable  
Permit Expires 6 months  
from Date of Issue.

PRINT ONLY - Press Hard

Name of Owner \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last) (First) (Middle Initial)Mailing Address \_\_\_\_\_  
(Street) (Space No.) (City) (State) (Zip Code)Address where unit will be inspected \_\_\_\_\_  
(Street) (Space No.) (City) (County)(If located on private land -- a detailed map indicating exact location must  
accompany this application)

Unit Manufacturer \_\_\_\_\_ Make or Model \_\_\_\_\_ Size \_\_\_\_\_

Serial Number \_\_\_\_\_ Year \_\_\_\_\_

(All work must be open to view for inspection purposes)  
(Final tests must be performed in presence of inspector)  
(Fee includes Permit, Insignia of Approval and two (2) field inspections. Any  
additional inspections will be charged at the rate of \$30.00 per hour plus  
mileage.)

Signature of Applicant \_\_\_\_\_

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## PERMIT AND INSPECTION DATA

Work Scope	Date Approved	Inspector Initials
Smoke Detector		
Furnace Compartment		
Water Heater Compartment		
Gas System		
Emergency Egress		
Electrical Inspection & Test		

CALL FOR INSPECTION  
(602) \_\_\_\_\_  
MINIMUM 48 HOUR PRIOR  
NOTICE OF INSPECTION  
IS REQUIRED.